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Bib Data Sheet

CONFIRMATION NO. 8420

SERIAL NUMBER 09/747,439	FILING DATE 12/21/2000 RULE	CLASS 217 719	GROUP ART UNIT 2153 2126	ATTORNEY DOCKET NO. END920000047US
APPLICANTS James A. Riosa, Warton, CANADA; Andrew D. Naiberg, Austin, TX; ** CONTINUING DATA ***** NONE <i>yes</i> ** FOREIGN APPLICATIONS ***** NONE <i>yes</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/27/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Per</i> Examiner's Signature Initials		STATE OR COUNTRY CANADA	SHEETS DRAWING 8	TOTAL CLAIMS 100 INDEPENDENT CLAIMS 6
ADDRESS John R. Pivnichny IBM Corporation - N50/040-4 1701 North Street Endicott ,NY 13760				
TITLE Hierarchical connected graph model for implementation of event management design				
FILING FEE RECEIVED 2520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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** CONTINUING DATA ***** <i>NONE yes</i>				
** FOREIGN APPLICATIONS ***** <i>NONE yes</i>				
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Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 6		
ADDRESS John J. Timar Womble, Carlyle, Sandridge & Rice Suite 3500 1201 West Peachtree Street Atlanta, GA 30309				
TITLE Hierarchical connected graph model for implementation of event management design				
FILING FEE RECEIVED 2520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	